2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 21, 2008 08:00 All Secretary of State

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DOCUMENT # L0700083552 1. Entity Name ALAFIA PRESERVE (MULBERRY), LLC					Secretary of St				
Principal Plac	e of Business	Mailing Address	<u> </u>	•	1				
923 N. PENNSYLVANIA AVENUE WINTER PARK, FL 32789		923 N. PENNSYLVANIA AVENUE WINTER PARK, FL 32789							
	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152008	2008 Chg-LLC CR2E083 (12/06)				
City & State		City & State		4. FEI Number Applied For					
Zıp	Country Zip		Country	Country 5. Certific		of Status Desired	\$5.00		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered Agent		
			Na	Name					
SHAPIRO, MARVIN M 923 N. PENNSYLVANIA AVENUE WINTER PARK, FL 32789			St	Street Address (P.O. Box Number is Not Acceptable)					
AMIMICIAL	ANN, FL 32109								
			Cı	ty			FL Z	p Code)
the obligat	named entity submits this statement folions of registered agent.	or the purpose of changing its	registered of	fice or register	ed agent, or both	n, in the State of Fl	orida. I am familia	with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE	E: Registered Ager	nt signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							e check payable a Department of		•
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGRM	☐ Delete	TITLE				CI	nange	Addition
NAME			NAME		U00000910218				
STREET ADDRESS CITY-ST-ZIP			STREET ADD	I	000000910218 05/06/08-80100-023 138.75				3.75
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STREET ADDRESS			STREET ADE	DRESS					
CITY-ST-ZIP			CITY-ST-ZI	Р					
11 I hereby o	certify that the information supplied with	this filing door not qualify for	the everetic	one contained	in Chapter 110. I	Jarida Ctatutan I I			

11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #